
COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD AND DEVICE FOR DEACTIVATING ITEMS AND FOR
MAINTAINING SUCH ITEMS IN A DEACTIVATED STATE

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)
Mark Kusner	31,115
Michael A. Jaffe	36,326
Michael A. Centanni	34,796

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

Mark Kusner
Mark Kusner Co., LPA
Highland Place - Suite 310
6151 Wilson Mills Road
Highland Heights, OH 44143
Customer No.: 22203

DIRECT TELEPHONE CALLS TO:

Mark Kusner
440-684-1090

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

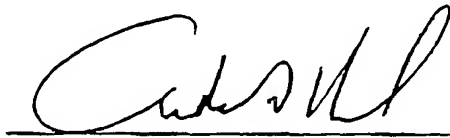
SIGNATURE(S)

Jude A. Kral
Inventor's signature

Date 7/11/03

Residence Twinsburg, Ohio

Post Office Address 2241 Croydon Road, Twinsburg, Ohio 44087



Country of Citizenship US

Karl F. Ludwig

Inventor's signature

Date 7-11-03


Country of Citizenship US

Residence Girard, Pennsylvania

Post Office Address 8379 Sun Lake Road, Girard, Pennsylvania 16417

Mark J. Parrini

Inventor's signature

Date 7-11-03


Country of Citizenship US

Residence Erie, Pennsylvania

Post Office Address 2866 Willowood Drive, Erie, Pennsylvania 16506

Lawrence W. Leasko

Inventor's signature

Date July 11, 2003


Country of Citizenship US

Residence Perry, Ohio

Post Office Address 4715 Webb Road, Perry, Ohio 44060
